**BOOKLET-CERTIFICATE RIDER**

The provisions described below will be added to your Group Critical Illness Booklet-Certificate.

**Subject: Annual Open Enrollment Period**

**HOW TO BE INSURED - EMPLOYEES**

**Annual Open Enrollment Period**

**Eligibility**

An annual open enrollment period will be available for any Employee or Dependent spouse every year who:

- failed to enroll
  - during the first period in which the Employee or Dependent spouse was eligible to enroll; or
  - during any previous open enrollment period.

- is currently enrolled for insurance and wants to change their insurance; or

- previously terminated insurance under this Group Policy and wants to re-enroll.

To qualify for enrollment during the annual open enrollment period, the Employee and Dependent spouse must meet the eligibility requirements described in the Group Policy.

**Enrollment Period**

The annual open enrollment period is the calendar month period immediately prior to the Policy Anniversary date or another period of time requested by the Policyholder and accepted by Principal Life.

**Effective Dates**

The effective date for any such individual requesting insurance during the annual open enrollment period for which Proof of Good Health is not required (see above) will be the first of the Insurance Month coinciding with or next following the date of completion of the open enrollment period.

The effective date for any such individual requesting insurance during the annual open enrollment period for which Proof of Good Health is required (see above) will be the later of:

- the first of the Insurance Month coinciding with or next following the date of completion of the open enrollment period; or



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- the date Proof of Good Health is approved by Principal Life.

**Proof of Good Health During the Annual Open Enrollment Period**

Proof of Good Health for insurance purchased during the annual open enrollment period will be required to make effective any Scheduled Benefit in excess of $30,000 for Member and $15,000 for Dependent spouse.

**Effective Date:** Ask your employer when these changes will apply to you.

If you question the payment of a claim that might be impacted by the change(s) described above, and which was incurred on or after the effective date, please contact us at the phone number shown on your insurance identification card.

Please keep this Rider with your Booklet-Certificate. All other benefits and provisions of your Group Dental Insurance Booklet-Certificate remain in effect.

Nothing in this Rider will vary, alter, or extend any provision or condition of the Group Dental Insurance Policy other than as stated in this Rider.

**PRINCIPAL LIFE INSURANCE COMPANY**
**DES MOINES, IOWA 50392-0002**



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